

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

David A. Nos

(818) 563.5555

(818) 563.5559

info@c-blastmail.com

STREET ADDRESS

CITY

STATE

ZIP CODE

1723 W. Burbank Blvd

Burbank

CA

91506

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

Burbank City Council

City of Burbank

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Jurisdiction)

2015

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 Primary/general election

(Year of Election)

 Special/runoff election

(Year of Election)

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I **accept** the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California

Executed on

9/15/14

(month, day, year)

Signature

(Candidate)

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772